COMBINED DECLARATION FOR ATENT APPLICATION AND POWER OF AT RNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL021071 US

As a below named inventor, I h	nereby declare that:					
My residence, post office address and citizenship are as stated next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled. Method of and system for presenting media content to a user or group of users the specification of which (check only one item below):						
is attached hereto.						
was filed as United States a	application					
Serial No ————						
on —		· · · · · · · · · · · · · · · · · · ·				
and was amended						
on						
	nal application					
Number PCT/IB03/0419						
On 22 September						
and was amended under PCT	Article 19					
on (if applicable).						
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.						
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).						
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:						
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:						
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119			
Europe	02079382.4	21 October 2002	YES			

18 APR 2005

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

Attorneys Docket Number PHNL021071 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

	Jack					Telephone Calls to:	
	Michael F Marion Reg. No. 32 266				d telephone number)		
	Edward M. Blocker, Reg. No. 30,245				(914)332-0222		
		FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	
1-	$\odot$	INVENTOR	TER HORST	Herman		<u>Jan</u>	
•	201	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
	201	CITIZENSHIP	Eindhoven			The Netherlands	
		POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY	
		ADDRESS	Prof. Holstlaan 6	5656 AA Eindhov	en	The Netherlands	
		FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	
			VAN DOORN	Markus		Gerardus Leonardus	
2-0	(X)					Maria	
	202	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
	202		Eindhoven	The Netherlands NLX		The Netherlands	
		POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY	
	2	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven		The Netherlands	
		FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	
3-0	8)	INVENTOR	KRAVTSOVA	<u>Natasha</u>			
5~	203	RESIDENCE &	CITY	STATE OR FOREIGN COU		COUNTRY OF CITIZENSHIP	
		CITIZENSHIP	Eindhoven	The Netherlands	NLX	Belarus	
		POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY	
1			Prof. Holstlaan 6	5656 AA Eindhoven		The Netherlands	
		FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	
	2		JEN KATE	Warner		Rudolph Theophile	
7	204	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
			<u>Eindhoven</u>	The Netherlands	NLX	The Netherlands	
		POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY	
		ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven		The Netherlands	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
(A)	Modern	ryhyr Y
DATE 10 May 2004	DATE 20 May 2004	DATE 10 May 2004
DATE 10 May 2004		

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

008166164

Rec'd PCT/PTO 18 APR 2005

PTO/SB/96 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: Koninklijke Philips Electronics N.V. Application No./Patent No.: Concurrently Filed/Issue Date: Concurrently Entitled: METHOD OF AND SYSTEM FOR PRESENTING MEDIA CONTENT TO A USER OR GROUP OF USERS Koninklijke Philips Electronics N.V. corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) states that it is: 1. It the assignee of the entire right, title, and interest; or 2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is in the patent application/patent identified above by virtue of either: A. [ ] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_, or for which a copy thereof is attached. OR B. [ ] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_ \_\_\_\_\_, or for which a copy thereof is attached. To: The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_, or for which a copy thereof is attached. To: The document was recorded in the United States Patent and Trademark Office at \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached. [ ] Additional documents in the chain of title are listed on a supplemental sheet. [ ] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08] The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. Gregory L. Thorne, Reg. 39,398 Date Typed or printed name (914) 333-9665 Telephone number Corporate Counsel

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Title

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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Practitioners associated with the Customer Number:	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name			clated with the Customer Number:	2	4737		
as attorrey(e) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  X	P	ractitioner(s) nan	ned below (if more than ten patent	practitioners are to	be named, then a cu	stomer number must be	used):
as altorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all potent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in according to the process.    Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:   Water	Γ		Name				
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Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    X	any and	an paterit applica	llions assigned only to the undersid	re the United State gned according to the	Patent and Tradem e USPTO assignme	nark Office (USPTO) in cent records or assignmen	onnection with t documents
The address associated with Customer Number:    Sim or   Individual Name   Address				ion identified in the	attached statement (	under 27 OFD 2 72/5\4-	
Firm or Individual Name Address  City State Zip  Country  Telephone Fax  Assignee Name and Address:  KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature Signature Date 14 January 2005  Name Michael E. Marion Telephone (914) 333-9637  Title Authorized Representative		•	personal decision for the applicat	ion identified in the	attached statement	under 37 CFR 3.73(b) to:	
Firm or Individual Name Address  City  Country  Telephone  KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  Signature  Date 14 January 2005  Name  Michael E. Marion  Telephone (914) 333-9637  Title  Authorized Representative	X	The address as	sociated with Customer Number:	C 247	137		
City State Zip  Country  Telephone Fax  Assignee Name and Address:  KONINKLIJKE PHILIPS ELECTRONICS N.V.  Groenewoudseweg 1  5621 BA Eindhoven, The Netherlands  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date 14 January 2005  Name Michael E. Marion Telephone (914) 333-9637  Title Authorized Representative							
City  Country  Telephone  KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The dividual whose simplified and title is supplied below is authorized to act on behalf of the assignee  Signature  Name Michael E. Marion  Telephone (914) 333-9637  Title Authorized Representative							
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Assignee Name and Address:  KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignce  Signature  Date 14 January 2005  Name Michael E. Marion Telephone (914) 333-9637  Title Authorized Representative	Country	,					
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Name Michael E. Marion Telephone (914) 333-9637 Title Authorized Representative	SIGNATURE of Assignee of Record  The individual whose signs are and title is supplied below is authorized to act on behalf of the assignee						
Title Authorized Representative	Signature	//LL	May E. M.	un	-	Date 14 Janua	ry 2005
	Name					Telephone (914)	333-9637

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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